

SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPISTS
APPLICATION FOR
LICENSED MARRIAGE AND FAMILY THERAPIST (ARSD 20:71)

NOTE: Applicant must have a 48-hour Master's Degree in Marriage and Family Therapy, 1700 hours post-graduate supervised experience, and be a resident of South Dakota to be eligible for LMFT.

Applications must be accompanied by a non-refundable license application fee of \$100. A personal check or money order should be made payable to the South Dakota Board of Examiners for Counselors and MFTs. **A photo** (no larger than 3 x 5) **must be submitted** for identification purposes. *I hereby make application for licensure to practice as a Licensed Marriage and Family Therapist in the State of South Dakota.* (Please type the following.)

SECTION I. GENERAL INFORMATION

1. Name _____
Last First MI
2. Name as you wish it to appear on the license _____
3. Social Security No. _____ Date of Birth _____
4. Home Address _____

5. Business Address _____

6. Home Phone # _____ Business Phone # _____
7. I have/have not (CIRCLE ONE) made a previous application to South Dakota Board of Examiners for Counselors and MFTs. If yes, please state on a separate sheet of paper.
8. I have/have not (CIRCLE ONE) ever been convicted of, pled guilty to, or pled no contest to, an offense that could have resulted in incarceration for more than a year. If yes, please explain on a separate sheet of paper.
9. I have/have not (CIRCLE ONE) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota. If yes, please explain on a separate sheet of paper.
10. I have/have not (CIRCLE ONE) been disciplined by a mental health licensing or certification board or by any mental health related professional organization. If yes, please explain on a separate sheet of paper.
11. I am/am not (CIRCLE ONE) \$1,000 or more behind in child support payments.

SECTION II. GRADUATE COUNSELING PROGRAM (SDCL 36-33-9)

12. List the institution(s) from which you have received graduate degrees in counseling. **A transcript of your graduate degree must be sent directly to the Board's office by the institution awarding the degree.** Also, complete Attachment B and submit it to the Board.

UNIVERSITY/COLLEGE _____

CITY/STATE _____

DATES ATTENDED _____

DEGREE & DATE GRANTED _____

MAJOR/SUBJECT _____

ACCREDITATION BODY _____

(By which regional accreditation association was your graduate-degree-granting institution accredited at the time of your graduation.)

SECTION III. SUPERVISED EXPERIENCE (ARSD 20:71:04)

The applicant must have post-graduate supervised experience in marriage and family therapy consisting of 200 hours of supervision concurrent with 1,700 hours direct client contact with individuals, couples and families completed within three years. **Complete Attachment A, and forward it to the supervisor(s) who supervised you.** The supervisor(s) should return the form to the Board.

SECTION V. EXAMINATION (ARSD 20:71:03)

The Examination in Marital & Family Therapy is required for this license. If you have taken the Examination in Marital & Family Therapy, **you must request the testing center to submit a certified copy of your test score directly to the Board** before your application can be processed.

DATE TAKEN _____ If you have not taken the exam, contact the Board office for the Exam procedures.

SECTION II. AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota Board of Examiners for Counselors and Marriage & Family Therapists for their verification of the information I have disclosed in this application.

I will not hold myself out as a state Licensed Marriage and Family Therapist until the license authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

{SIGN & DATE IN THE PRESENCE OF A NOTARY PUBLIC}

Dated this _____ day of _____, 20_____.

Signature of Applicant

STATE OF _____)
:SS
COUNTY OF _____)

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

Sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires:
(SEAL)

**SD Board of Examiners for Counselors and Marriage & Family Therapists PO Box 2164 Sioux Falls, SD 57101-2164
(605/331-2927)**

**ATTACHMENT A - SUPERVISED EXPERIENCE
LICENSED MARRIAGE AND FAMILY THERAPIST**

APPLICANT'S NAME: _____
Last First MI

The individual listed above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Examiners for Counselors and Marriage & Family Therapists (Licensing Board) requires submission of information by the supervisor(s) which will enable the Board to evaluate the extent and quality of the candidate's supervised experience.

To be Completed by Applicant (Please type):

1. Name of Supervisor: _____
2. Address of Supervisor: _____
3. Name and nature of setting in which supervised practice took place: _____

4. Dates of supervision by this applicant and named supervisor at this setting: START _____
END _____
5. Total number of client contact hours during period listed under question 4. _____
6. Total number of face-to-face supervisory hours during period listed under question 4. _____
7. Please describe the nature of the applicant's duties: _____

8. Please describe the nature of the supervision provided: _____

To be completed by Supervisor (Please type or print legibly in ink):

9. I have reviewed the applicant's statements above. They are ____ are not ____ substantially correct. Please add any corrections on a separate sheet of paper.
10. The quality of the applicant's performance during the supervision was: _____ Outstanding _____ Good
_____ Fair _____ Poor
11. Title at time of supervision _____
12. Licensing State _____ Supervisor's Signature _____
13. LMFT License No. _____

**Please return completed form to: SD Board of
Examiners for Counselors and Marriage & Family
Therapists, PO Box 2164, Sioux Falls, SD 57101-2164**

ATTACHMENT B for LICENSED MARRIAGE AND FAMILY THERAPIST

- A 48 hour Master's degree in Marriage and Family Therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, or a program with specialty training in marriage and family counseling or therapy which is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as listed in "Directory of Accredited Programs", July, 1994; **OR**
- A 48-hours Masters degree in Counseling or related program which includes coursework in the content areas below.

Academic requirements must be completed at a university or college accredited by one of the following. Check your school's accreditation body:

- _____ (1) The Middle States Association of Colleges and Secondary Schools;
- _____ (2) The New England State Association of Colleges and Secondary Schools;
- _____ (3) The North Central Association of Colleges and Secondary Schools;
- _____ (4) The Northwest Association of Colleges and Secondary Schools;
- _____ (5) The Southern Association of Colleges and Secondary Schools; or
- _____ (6) The Western College Association.

In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript. If a course title is not clearly indicative of the content areas as outlined below, include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area..

Content Area	Course Number(s)	Course Title(s)	College/University
MARRIAGE AND FAMILY STUDIES (9 SEM CREDITS MINIMUM) Introductory systems theory, family development, family systems (marital, sibling, individual subsystems), special family issues, gender and cultural issues, all with major focus from a systems theory orientation;			
MARRIAGE AND FAMILY THERAPY (9 SEM CREDITS MINIMUM) Advanced systems theory and interventions, major systemic marriage and family treatment approaches, (structural, strategic, neoanalytic (object relations), behavioral marriage and family therapy, communications, sex therapy, etc.			
HUMAN DEVELOPMENT (9 SEM CREDITS MINIMUM) At least one course in psychopathology-abnormal behavior is required and at least one course in assessment is required. The third course may be selected from human development (normal and abnormal), personality theory, or human sexuality;			
PROFESSIONAL STUDIES (3 SEM CREDITS MINIMUM) Professional ethics as a therapist including legal and ethical responsibilities and liabilities, family law, etc.			
RESEARCH (3 SEM CREDITS MINIMUM) Research course in marriage and family studies and therapy including research design, methodology, statistics;			

Content Area	Course Number(s)	Course Title(s)	College/ University
PRACTICUM (<i>SUPERVISED CLINICAL PRACTICE</i>) 1 year minimum during graduate work (cf. SDCL 36-33-9(3)(f) *)			

* **SDCL 36-33-9(3)(f)** Fifteen hours per week, approximately 8 to 10 hours in direct clinical contact with individuals, couples, and families. Minimum of three hundred client contact hours required.

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Sioux Falls, SD 57101-2164

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